

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>William Steven Robinson</u>		COURT CASE NUMBER <u>18-CV-2350</u> <i>MHC</i>
DEFENDANT <u>Robert Sanchez</u>		TYPE OF PROCESS <u>Civil</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Rice St Detention Center</u>		
ADDRESS (Street or R.F.D., Apartment No., City, State and ZIP Code) <u>901 RICE ST ATL GA 30315</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		Number of process to be served with this Form 285
		Number of parties to be served in this case
		Check for service on U.S.A.

FILED IN CLERK'S OFFICE
U.S.D.C. Atlanta

DEC 14 2018
Fold

JAMES N. HATTEN, Clerk
By: *[Signature]* Deputy Clerk

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4220.3554

9.20.18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>44</u>	District of Origin No. <u>AC9</u>	District to Serve No. <u>AA</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <u>12/30/18</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date <u>11/07/18</u>	Time <u>10:35</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Service Fee <u>\$65.00</u>	Total Mileage Charges including endeavors) <u>6 miles</u> <u>\$3.27</u>	Forwarding Fee <u>N/A</u>	Total Charges <u>\$68.27</u>	Advance Deposits <u>N/A</u>	Amount owed to U.S. Marshal or (Amount of Refund*) <u>\$68.27</u>

REMARKS: Endeavor 1: 11/07/18 1035 hrs 6 miles Round Trip
Chief Deputy refused to sign for or receive process

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED